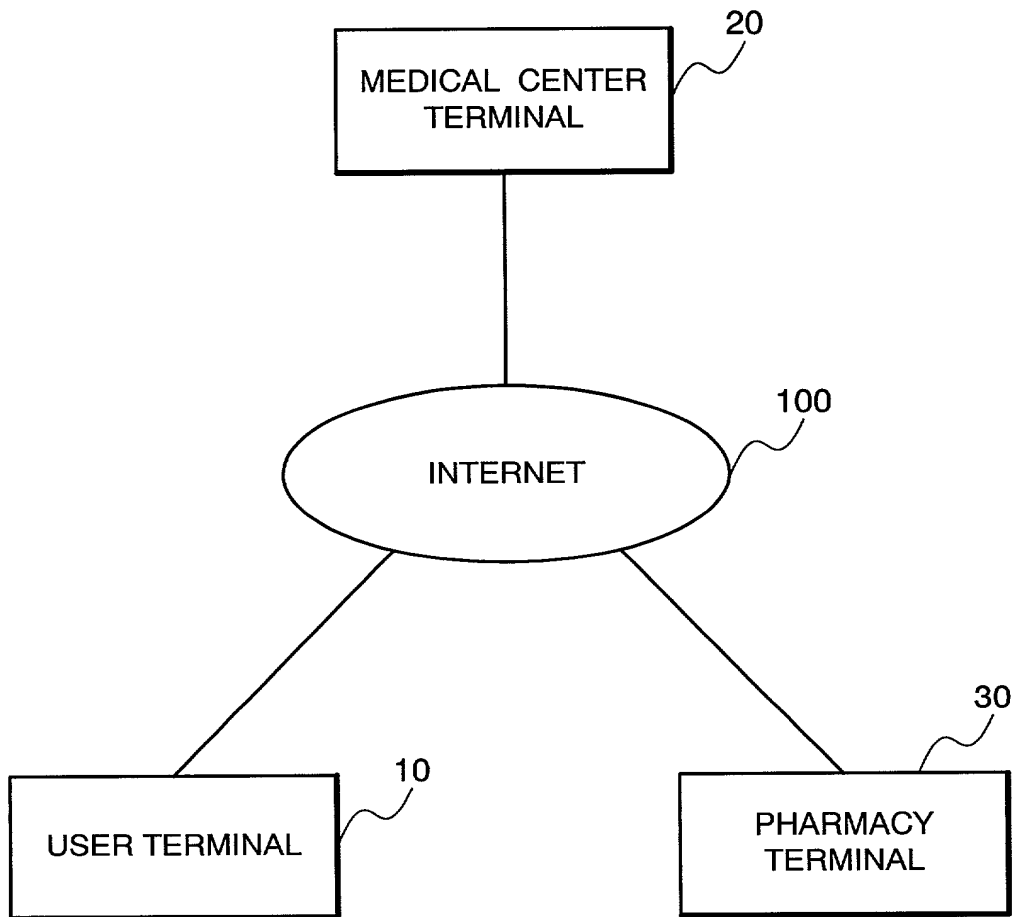


**FIG. 1**



0995392-070201

FIG. 2

HOME MEDICAL EXAMINATION REQUEST

CLIENT(SICK PERSON)

200a

200b

200c

200d

AGE

SEX

DATE OF BIRTH

MEIJI  
O  
TAISHOU

SHOWA  
O  
HEISEI

YEAR

MONTH

DAY

RESIDENCE

200e

NET ADDRESS

200f

MEDICAL INSURANCE

MEMBER  
O

NON-MEMBER  
O

200g

KIND OF MEDICAL INSURANCE

SOCIAL INSURANCE  
O

NATIONAL HEALTH INSURANCE  
O

200h

INSURANCE CERTIFICATE NUMBER

200i

PERSON TO BE INSURED  
O

PERSON TO BE SUPPORTED  
O

200j

CONDITION OF DISEASE OF PERSON IN QUESTION

200k

201

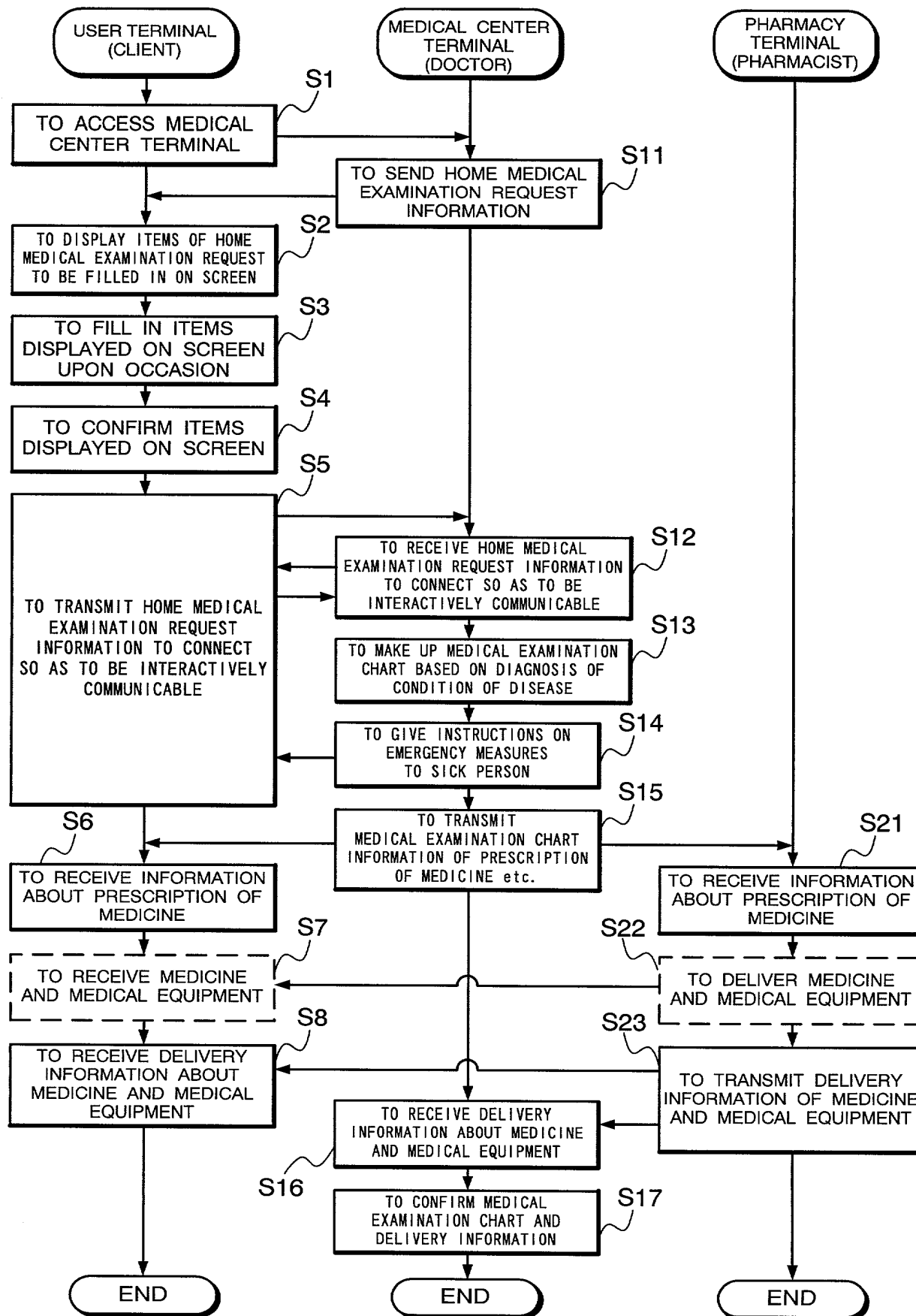
DEFINED

202

REQUEST

HOME MEDICAL EXAMINATION REQUEST DISPLAY SCREEN 200

**FIG. 3**



**FIG. 4**

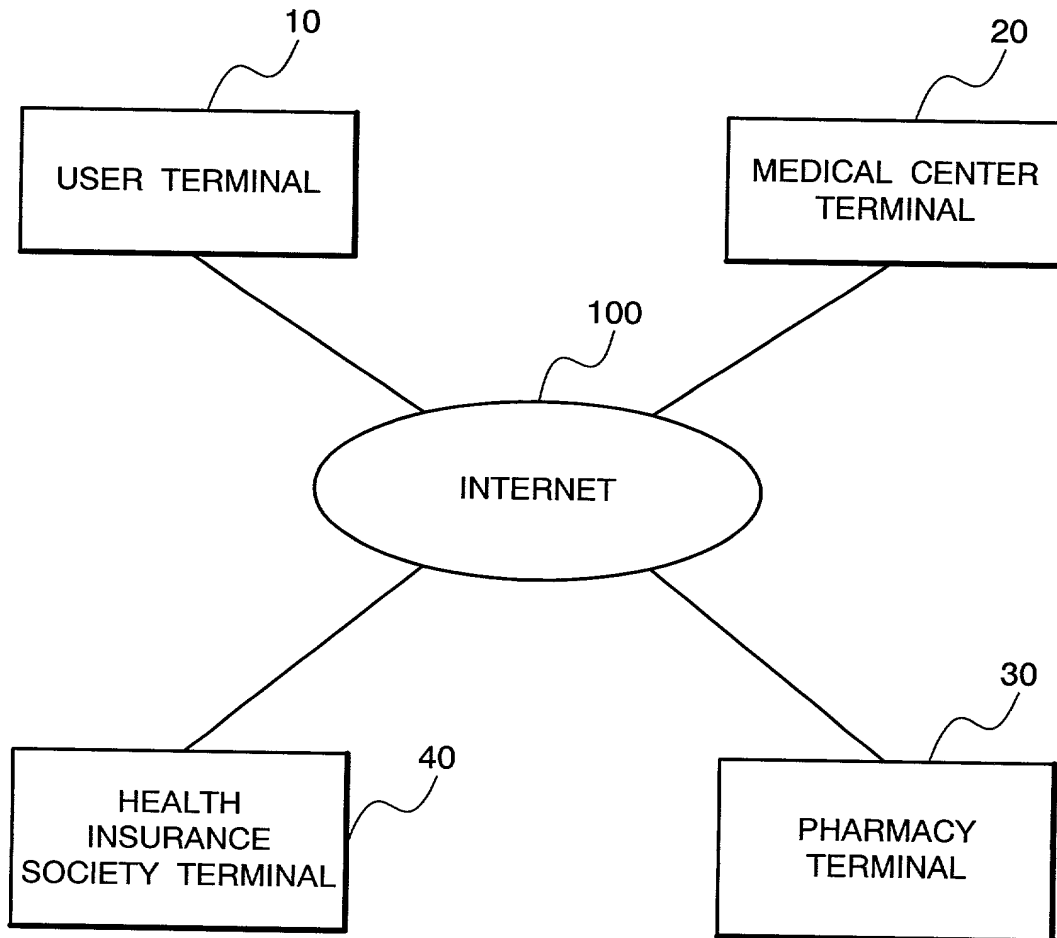
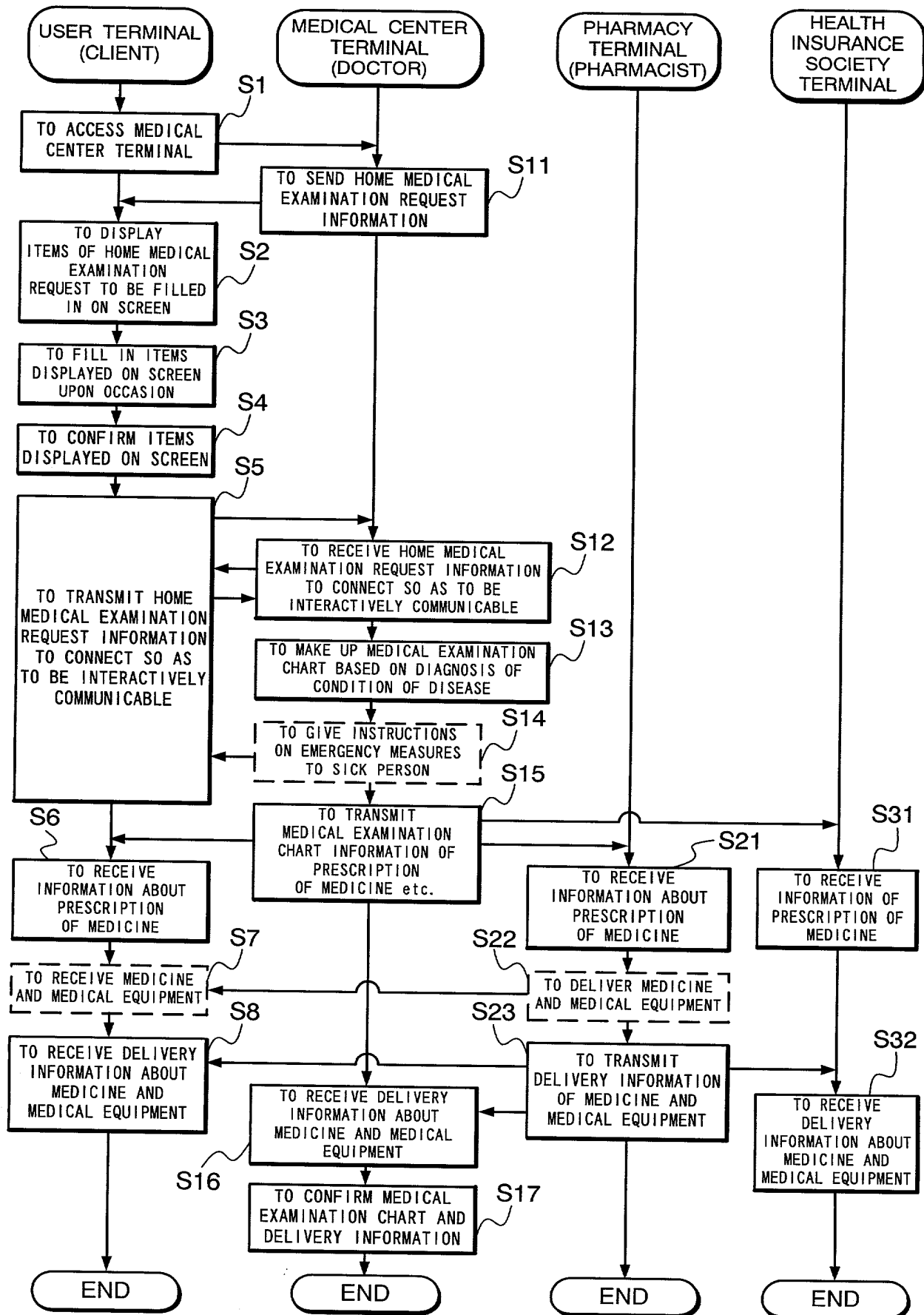


FIG. 4

## FIG. 5



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